

DELINEATION OF CLINICAL PRIVILEGES - PODIATRY
(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. FACILITY
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INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform 2 - Modification requested (Justification attached) 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support	1 - Approved as fully competent 2 - Modification required (Justification noted) 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

Category I.

Treat routine conditions of the foot and work under the supervision of a privileged podiatrist who assumes full responsibility of the provider's acts.

Requested	Approved	
		Category I clinical privileges

Category II. Includes Category I.

Examine, diagnose, and treat conditions of the feet requiring skills acquired during post-residency specialty training. Consultations should be used when there is doubt concerning the diagnosis or when there is evidence of systemic disease, as first manifested by pedal symptoms.

Requested	Approved	
		Category II clinical privileges

Category III. Includes Categories I and II.

Includes Categories I and II. Board certified or eligible. Prevention, diagnosis and treatment of complications involving the foot, arising from various systemic diseases, as well as the palliative and corrective treatment of local foot pathology.

Requested	Approved	
		Category III clinical privileges

AREAS OF FOOT PATHOLOGY

Requested	Approved		Requested	Approved	
		a. General Practice			d. Foot Orthopedics
		b. Foot Surgery			e. Podopediatrics
		(1) Common Podiatric Surgical Procedures <i>(Specify in list which follows)</i>			f. Podogeriatrics
		(2) Complex Reconstructive Surgery <i>(Specify in list which follows)</i>			g. X-Ray Services (Interpretation)
		c. Podiatric Dermatology			

COMMON PODIATRIC SURGICAL PROCEDURES

Requested	Approved	SKIN			NERVES
		a. Digital syndactylism			a. Decompression (posterior tibial nerve) tarsal tunnel
		b. Excision of cutaneous lesions, benign			b. Decompression sinus tarsi
		c. Excision of soft tissue lesions, cysts			c. Excision of neuroma
		d. Grafts (simple, rotational, pedicle flap)			
		e. Plastic revisions (forefoot)			
		f. Removal of foreign body			
		g. Toenail procedures			TENDONS
					a. Capsulotomy, midfoot with or without tendon lengthening
					b. Excision of cyst, (extra or intra-tendonous), foot
					c. Percutaneous Achilles lengthening

COMPLEX RECONSTRUCTIVE SURGERY <i>(Continued)</i>					
Requested	Approved	OTHER <i>(Continued)</i>	Requested	Approved	
		j. Microvascular procedure			n. Vertical talus release/reconstruction
		k. Repair of ruptured tendo-achilles			
		l. Suspected malignant neoplasms of the foot			
		m. Tendo-achilles, peroneus longus: Tendon lengthening			
COMMENTS					
		SIGNATURE OF PROVIDER		DATE (YYYYMMDD)	
SECTION II - SUPERVISOR'S RECOMMENDATION					
Approval as requested <input type="checkbox"/> Approval with Modifications <i>(Specify below)</i> <input type="checkbox"/> Disapproval <i>(Specify below)</i> <input type="checkbox"/>					
COMMENTS					
DEPARTMENT/SERVICE CHIEF <i>(Typed name and title)</i>		SIGNATURE		DATE (YYYYMMDD)	
SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION					
Approval as requested <input type="checkbox"/> Approval with Modifications <i>(Specify below)</i> <input type="checkbox"/> Disapproval <i>(Specify below)</i> <input type="checkbox"/>					
COMMENTS					
CREDENTIALS COMMITTEE CHAIRPERSON <i>(Name and rank)</i>		SIGNATURE		DATE (YYYYMMDD)	

EVALUATION OF CLINICAL PRIVILEGES - PODIATRY
(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	Category II clinical privileges			
	Category III clinical privileges			
	AREAS OF FOOT PATHOLOGY			
	a. General Practice			
	b. Foot Surgery			
	(1) Common Podiatric Surgical Procedures <i>(Specify in list which follows)</i>			
	(2) Complex Reconstructive Surgery <i>(Specify in list which follows)</i>			
	c. Podiatric Dermatology			
	d. Foot Orthopedics			
	e. Podopediatrics			
	f. Podogeriatrics			
	g. X-Ray Services (Interpretation)			
	COMMON PODIATRIC SURGICAL PROCEDURES			
	SKIN			
	a. Digital syndactylism			
	b. Excision of cutaneous lesions, benign			
	c. Excision of soft tissue lesions, cysts			
	d. Grafts (simple, rotational, pedicle flap)			
	e. Plastic revisions (forefoot)			
	f. Removal of foreign body			
	g. Toenail procedures			
	NERVES			
	a. Decompression (posterior tibial nerve) tarsal tunnel			
	b. Decompression sinus tarsi			
	c. Excision of neuroma			
	TENDONS			
	a. Capsulotomy, midfoot with or without tendon lengthening			

CODE	COMMON PODIATRIC SURGICAL PROCEDURES <i>(Continued)</i>	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
	TENDONS <i>(Continued)</i>			
	b. Excision of cyst, (extra or intratendinous), foot			
	c. Percutaneous Achilles lengthening			
	d. Plantar fascial release (Steindler, simple)(Endoscopic)			
	e. Repair of ruptured tendon (forefoot)			
	f. Tendon transfers (forefoot)			
	g. Tendon lengthening (forefoot)			
	h. Tenectomy or Capsulotomy			
	OSSEOUS			
	a. Arthrodesis I-P Joint, M-P Joint, 1st through 5th			
	b. Arthrodesis T-M Joint			
	c. Excision of accessory bone: including sesamoidectomy			
	d. Excision of bone cyst, benign			
	e. Hammer toe correction			
	f. Akin type bunionectomy			
	g. Keller type bunionectomy			
	h. McBride type bunionectomy			
	i. Ostectomy: any forefoot bone			
	(1) Complete or partial excision of metatarsal head 1st through 5th			
	(2) Bone graft harvest from foot			
	j. Ostectomy: any midfoot or rearfoot bone, (partial, complete)			
	(1) Complete or partial excision of metatarsal head 1st through 5th with implant			
	(2) Excision of tarsal coalition			
	(3) Heel spur with or without fascial releases			
	(4) Retrocalcaneal exostosis			
	k. Correction of hallux valgus or bunion with proximal or distal osteotomy			
	(1) Joint resection with implant			
	(2) Arthrodesis (MTPJ, Lapidus)			
	l. Ostectomy			
	(1) Lesser tarsals			
	(2) Metatarsals (distal, proximal)			
	FRACTURES AND DISLOCATIONS			
	a. Open reduction with or without fixation (digits, metatarsals)			
	INFECTIONS			
	a. Incision and drainage (deep, superficial)			
	b. Debridement of osteomyelitic metatarsals and phalanges			
	c. Partial digital amputation			
	AMPUTATION			
	a. Digital amputation			
	b. Ray resection			
	c. Metatarsal amputation			
	d. Transmetatarsal amputation			

CODE	COMMON PODIATRIC SURGICAL PROCEDURES <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	OTHER			
	a. Ankle arthrotomy			
	COMPLEX RECONSTRUCTIVE SURGERY			
	TENDONS			
	a. Tendon transfers (rearfoot)			
	(1) Tendon suspensions (Young), (Hibbs), (Jones): tenodesis			
	(2) Anterior/posterior tibial			
	(3) Flexor transfer (rearfoot)			
	(4) Peroneal transfer			
	b. Tendon lengthening/repair: midfoot/ rearfoot			
	OSSEOUS			
	a. Arthroereisis			
	b. Osteotomy with or without fixation			
	(1) Calcaneus - talus			
	c. Arthrodesis			
	(1) Navicular-cuneiform			
	(2) Midtarsal/subtalar			
	(3) Triple arthrodesis			
	FRACTURES AND DISLOCATIONS			
	a. Open reduction, with or without fixation			
	(1) Calcaneus-talus			
	(2) Lesser tarsals			
	AMPUTATION			
	a. Chopart amputation			
	b. Symes amputation			
	OTHER			
	a. Ankle arthroscopy (diagnostic/surgical)			
	b. Ankle arthroplasty (debridement, non-prosthetic)			
	c. Ankle stabilization procedure: Tenoplastic/Ligamentoplastic			
	d. Bone graft harvest from distal tibia/fibula			
	e. Cavus foot reconstruction procedures			
	f. Clubfoot release/reconstruction			
	g. Endoscopic procedure			
	h. Flatfoot reconstruction procedures			
	i. Gastrocnemius recession			
	j. Microvascular procedure			
	k. Repair of ruptured tendo-achilles			
	l. Suspected malignant neoplasms of the foot			
	m. Tendo-achilles, peroneus longus: Tendon lengthening			
	n. Vertical talus release/reconstruction			

CODE	COMPLEX RECONSTRUCTIVE SURGERY <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	OTHER <i>(Continued)</i>			
SECTION II - COMMENTS <i>(Explain any rating that is "Unacceptable".)</i>				
NAME AND TITLE OF EVALUATOR		SIGNATURE		DATE (YYYYMMDD)